

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH46749
STATE FILE NUMBER

FILED DEC 30 1957

Registration District No. 317

Primary Registration District No. 548

Registrar's No. 3048

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Madison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webster Groves		c. CITY OR TOWN Fredericktown	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 420 Algonquin Pl.		d. STREET ADDRESS (If outside, give location) 406 W. Main St.	
3. NAME OF DECEASED (Type or print) First Ollie Middle M. Last Hoskins		4. DATE OF DEATH Month December Day 3 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 28, 1881
9. AGE (in years last birthday) 76		10. FUNDING YEAR Months 76 Days 76 Hours 76 Min. 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and state or country) Cape Girardeau Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown Griffin	
14. NAME OF HUSBAND OR WIFE Thomas		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT Edith Bass, 6036a Marmaduke	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) atherosclerotic coronary artery disease DUE TO (c) 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH Sudden 3	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 6:55 Month, Day, Year 12-3-57 a.m. 6:55 p.m. 6:55		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Piedmont, Mo.	
21. I attended the deceased from Death occurred at About 6:55 am on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Arthur K. Trisler MD (Degree or title)	
22b. ADDRESS 7500 Danvershire		22c. DATE SIGNED 12-3-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-3-57	
23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		23d. LOCATION (City, town, or county) (State) Piedmont, Mo.	
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. 12-3-57	
26. REGISTRAR'S SIGNATURE Herbert R. Danks MD		27. arc	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3653

P. O. Address St. Louis 8, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.